

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ALTERRA CLARE BRIDGE OF KENOSHA (0008939)
Address: 10108 74TH ST, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 03/01/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096763 **End Date:** 04/18/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096366 **End Date:** 01/26/2006 **Type:** STANDARD **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009133 Served 02/21/2006

Deficiencies Cited
83.32(2)(a)

Subject Area
INDIVIDUALIZED SERVICE PLAN-SCOPE

Compliance
Verified
04/18/2006

Corrected
Yes

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Survey ID: 0095932 End Date: 10/05/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008860 Served 11/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/18/2006	Yes
83.33(2)	GENERAL SERVICES	01/19/2006	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	01/19/2006	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	01/19/2006	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	01/19/2006	Yes

Survey ID: 0094066 End Date: 01/25/2005 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008762 Served 02/10/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	10/05/2005	Yes
83.33(2)(a)	SUPERVISION	10/05/2005	Yes

Survey ID: 0091205 End Date: 09/09/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091204 End Date: 08/18/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008601 Served 10/15/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	10/05/2005	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 02/16/2006 **SOD #10009133** **Appealed: No**

Sanctions

FORFEITURE---83.32(2)(a)

Date: 11/22/2005 **SOD #10008860** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 02/09/2005 **SOD #10008762** **Appealed: No**

Sanctions

FORFEITURE---83.33(2)(a)

Date: 10/13/2003 **SOD #10008601** **Appealed: No**

Sanctions

OTHER SANCTION
FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 05/03/2006

Date Investigation Completed: 06/26/2006

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/30/2006

Date Investigation Completed: 04/18/2006

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/06/2004

Date Investigation Completed: 01/25/2005

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
10008762

Date Complaint Received: 08/12/2004

Date Investigation Completed: 01/25/2005

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
10008762

Date Complaint Received: 06/26/2003

Date Investigation Completed: 08/18/2003

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
10008601

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